

L10000090442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

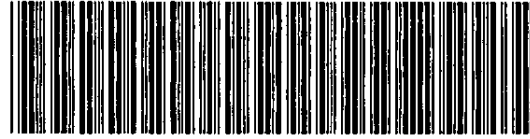
(Business Entity Name)

(Document Number)

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2013 SEP 13 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 16 2013  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUNSHINE FINANCIAL AND INSURANCE SERVICES LLC.**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL HARTMAN  
Name of Person

HARTMAN'S INVESTMENTS AND INSURANCE BROKERS INC.  
Firm/Company

99243 NW 11<sup>th</sup> MANOR  
Address

Coral Springs FL 33071  
City/State and Zip Code

PH Insurance @ Bell South.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL HARTMAN at 954 804-6499  
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUNSHINE FINANCIAL AND INSURANCE SERVICES LLC.  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/30/2013 and assigned Florida document number L10000090442

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Affordable HealthCare Solutions LLC.  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

6355 NW 36<sup>th</sup> St  
Suite 603  
Miami FL 33166

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

Same As Above

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

PALL F HARTMAN

New Registered Office Address:

6355 NW 36<sup>th</sup> St Suite 603

Enter Florida street address

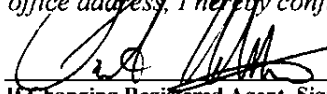
Miami, Florida 33166

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

  
\_\_\_\_\_

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

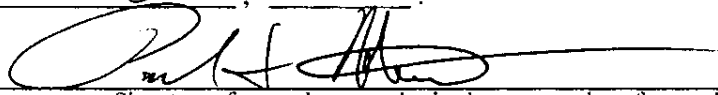
Title	Name	Address	Type of Action
MGR	Pablo Sotomayer	6355 NW 36 <sup>th</sup> St	<input checked="" type="checkbox"/> Add
		Suite 604	<input type="checkbox"/> Remove
		Virginia Garden FL 33166	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information, with three dots on the left side.

Dated Sept 9<sup>th</sup> 2013



Signature of a member or authorized representative of a member

PAUL F HARTMAN

Typed or printed name of signee

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Filing Fee: \$25.00

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